



MARTHA S. SWENSON
MASTER COMMISSIONER OF THE REVENUE
GREENSVILLE COUNTY
1781 GREENSVILLE COUNTY CIRCLE, ROOM 132
EMPORIA, VIRGINIA 23847

TELEPHONE (434) 348-4227
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TO THE TRANSIENT LODGING APPLICANT:

The Board of Supervisors in the year 2013 amended the Ordinance adopting a Transient Lodging Room Rental Tax. The Code of the County of Greenville, Virginia imposes a 5% tax on individuals residing in hotels, motels, rooming houses, campgrounds, etc. for a period of less than thirty (30) consecutive days, for which a lodging charge is made. Said tax must be reported and submitted by the last day of the month following the month of collection. A penalty of 5% for each month of delinquency (not to exceed twenty five (25) per cent-um in the aggregate) provided, however, that in no case shall the penalty be less than \$10.00 and such minimum penalty shall apply whether or not any tax is due for the period for which such return is required. In addition, there shall be added to such unpaid tax interest at the rate of eight (8) per cent per annum on the amount of tax delinquent, such interest to commence on the first day of the month following the month in which such taxes are due.

If we can help you in any way, please come in or give us a call at 434-348-4227.

Very truly yours,

Martha S. Swenson
Master Commissioner of the Revenue
Greenville County

GREENSVILLE COUNTY TRANSIENT LODGING TAX

FOR OFFICE USE
081-_____

REGISTRATION TO
COMMISSIONER OF THE REVENUE

SEPARATE
REGISTRATION FORM
REQUIRED FOR EACH
LOCATION

County of Greenville
1781 Greenville County Circle Rm. 132

Emporia, VA 23847

1. Name of Business _____
2. Owner _____
3. Location of
Business _____
4. Number of Rooms at this Location _____
5. Mailing Address _____
6. Type of
Ownership _____
7. Name of Officials signing if Corporation _____
8. Date started, or to
start at this location _____
9. Name of Business succeeding _____

Date _____ Sign here _____

By: _____
Title

Reserve this work sheet
as part of your Lodging
tax records.

Martha S. Swenson

Commissioner of the Revenue

WORK SHEET FOR COMPUTING GREENSVILLE COUNTY TRANSIENT LODGING TAX

BUSINESS NAME _____ REGISTRATION NO. _____

ADDRESS _____ Month of _____

A. ITEM	B. AMOUNT
1. Gross Lodging Receipts	
2. Tax - 5% of Lodging Receipts	
3. Penalty for late payment	
4. Interest	
5. Total Tax, Penalty & Interest	

(signature)

(date)

Complete this work sheet and transfer proper items to the 3 part
LODGING TAX FORM enclosed. Please return all 3 copies of
the LODGING TAX FORM to the Commissioner of the Revenue.

The Code of the County of Greenville, Virginia, imposes a 5% tax on individuals residing in hotels, motels, rooming houses, campgrounds, etc. for a period of less than thirty (30) consecutive days, for which a lodging charge is made. Said tax must be reported and submitted by the last day of the month following the month of collection.

Office of the Commissioner of the Revenue
County of Greenville, Virginia

Transient Lodging Room Rental Tax

BUSINESS NAME _____ REGISTRATION NO. _____

ADDRESS _____ MONTH OF _____ 20____

A. ITEM	B. AMOUNT
1. Gross Lodging Receipts	
2. Tax - 5% of Lodging Receipts	
3. Penalty for Late Payment	
4. Interest	
5. Total Tax, Penalty & Interest	MAKE CHECK OR MONEY ORDER PAYABLE TO COUNTY OF GREENSVILLE

A PENALTY OF 5% FOR EACH MONTH OF DELINQUENCY (NOT TO EXCEED TWENTY FIVE (25) PER CENT-UM IN THE AGGREGATE) PROVIDED, HOWEVER, THAT IN NO CASE SHALL THE PENALTY BE LESS THAN \$10.00 AND SUCH MINIMUM PENALTY SHALL APPLY WHETHER OR NOT ANY TAX IS DUE FOR THE PERIOD FOR WHICH SUCH RETURN IS REQUIRED. IN ADDITION, THERE SHALL BE ADDED TO SUCH UNPAID TAX INTEREST AT THE RATE OF EIGHT (8) PER CENT PER ANNUM ON THE AMOUNT OF TAX DELINQUENT, SUCH INTEREST TO COMMENCE ON THE FIRST DAY OF THE MONTH FOLLOWING THE MONTH IN WHICH SUCH TAXES ARE DUE.

I, the UNDERSIGNED APPLICANT, do SWEAR (or affirm) that the foregoing figures and STATEMENTS are true, full and correct to the best of my knowledge and belief.

SIGNATURE OF APPLICANT _____

By: _____
AUTHORIZED AGENT

Sworn (or affirmed) to before me this _____ day of _____

20____

SIGNATURE OF COMMISSIONER OF THE REVENUE, HIS DEPUTY, OR A NOTARY PUBLIC
OR OTHER OFFICER ADMINISTERING OATH.

RECEIPT _____

DATE _____

TREASURER _____

IMPORTANT NOTICE